

prescribe such drugs as opiates. By substituting legally prescribed methadone for illegally obtained heroin, we are not "solving" any sort of "medical problem." We are only making legitimate an addiction to opiates.

Those who voice such great enthusiasm for methadone maintenance should periodically remind themselves that they are not "treating" addiction. They are merely regulating the source, supply, and content of the addicting substance.

Moreover, they might well ask themselves what effect the prospect of eventually getting on methadone maintenance (that is, the eventual prospect of a reliable, dependable, and legal supply of an opiate) has on that large, but unknown, number of young men who are experimenting with heroin and who may go either way; become addicts or abandon the use of heroin as risky and self-destructive. We already know that with these people, the more readily is it that heroin is available, the more likely is it that they will become addicted to it, rather than abandon the use of heroin. Would not the prospect of dependably available methadone have that same effect?

That is to say, is not the prospect of eventually getting methadone maintenance serving to encourage individuals to experiment with heroin rather than to discourage them from doing so?

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Rising Cost of PG Study

To the Editor: Postgraduate medical education, always desired, has now become mandatory. Some states already will cancel a physician's license if he fails to put in a certain number of hours of postgraduate study.

By sheer coincidence (or is it really?), the cost of postgraduate courses is shooting up. Not long ago most postgraduate course fees were between \$10 and \$20 per day. Now it is rare to find a course that costs less than \$30 a day and \$40 a day courses are not rare. A few even run up as high as \$50 a day, or \$250 a week. When you add to this the cost of travel, hotel bills, meals and possible loss of income, the cost of postgraduate education is indeed high.

I am aware that many postgraduate education activities are free, but also there is no denying that many of the most desirable courses are

given by the medical schools, and they are showing an almost exponential rise in fees.

Doesn't it sound just a little bit like exploitation of a captive customer, the practicing physician?

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An Ethical Issue

To the Editor: I had the pleasure recently of reading the CMA NEWS and learning that by edict of the CMA Council I am, in a 24 hour period, converted from ethical to unethical. This, if I don't tell patients that I own an interest in a hospital and because of this they may go elsewhere.

No one has bothered to ask why many physicians have elected to invest in hospitals. There are matters of the convenience of having all of your patients in one location—a time saver; the ability to exert your influence to insure efficiency in both cost and wasted time. For profit, hospitals must excel here to remain in business. The knowledge that if we are forced into a hospital dominated type of practice, as contemplated by Ameriplan and the insurance companies, then those of us practicing in a hospital environment with our "peers" in control may rest easier at night. In the past some of our colleagues have occupied the position of the chosen few in so far as the availability of hospital beds and this has led to ownership self preservation insuring beds for our patients. Surveys have shown that hospitals ranging in size from 99 to 150 beds are more economical, and many of us feel they offer more personalized service to our patients.

I do tell my patients that I go to specific hospitals for my convenience. I could site specific instances of problems that have arisen in the past causing me to take this action. I do not believe such would be in the best interest of either the hospital or the medical profession. As long as the hospital I send my patients to offers services as good as or better than other hospitals in the community in the field I practice in, I shall not specifically post a sign asking for prolonged discussion stating that I invested my hard earned money in the hospital I patronize so I can deliver better health care to my patients.

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